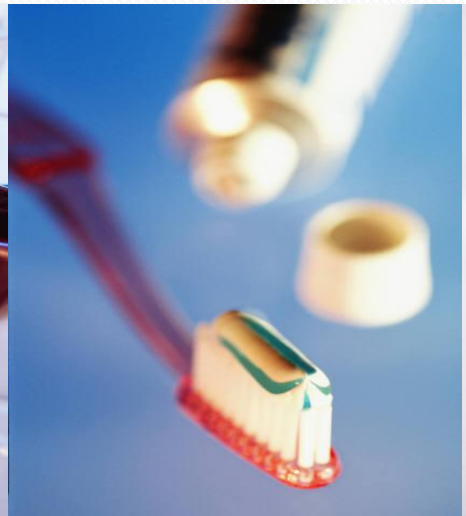
MONTANA
Department of Public Health & Human Services

Healthy Montana Kids Plus and Medicaid Dental Program

April 2013

Presenter: Jan Paulsen, Program Officer

History of Provider Rate changes

In July of 2009 for state fiscal year 2010, the legislature appropriated a 2% **one-time only** provider rate increase delivered SFY10. The same fee schedule remained in effect for SFY11. That one time funding has since gone away, reflected in the fee schedule dated August 1, 2011. The newest fee schedule is dated January 1, 2013 to reflect the new ADA code change, D1208.

www.mtmedicaid.org

click on 'resources by provider type'

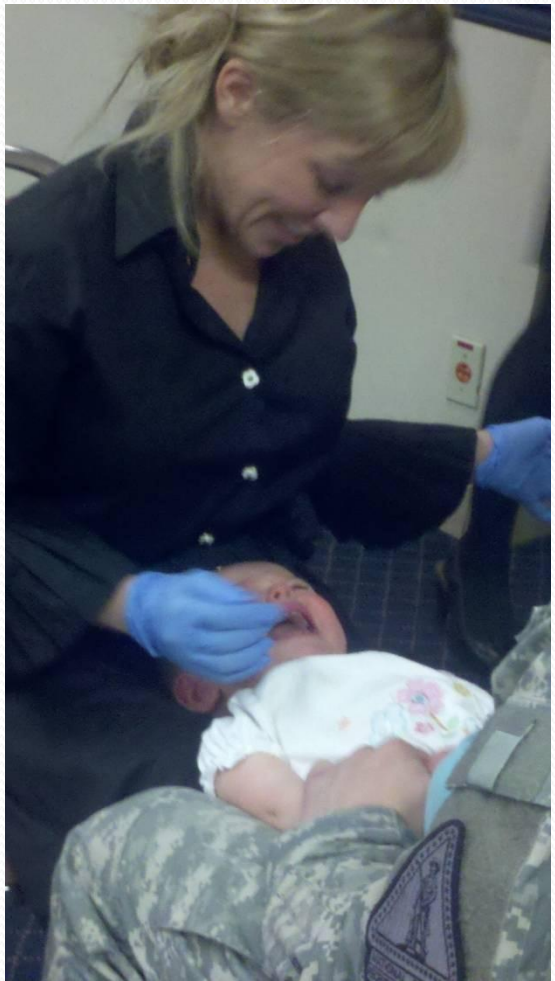
MT Medicaid supports a new practice standard: AbCd

Access to Baby and Child Dentistry- AbCd
First Birthday, First Dental appointment

Dentists must receive continuing education in early pediatric dental techniques to qualify as an AbCd specialist. This specialty endorsement will allow AbCd Dentists to be reimbursed for the following procedures:

- D0145, Oral evaluation (age 0-2),
- D0425, Caries Susceptibility Test (age 0-2)
- D1310, Nutritional Counseling (age 0-5),
- D1330, Oral Hygiene Instruction (age 0-5).

Currently there are 157 Medicaid AbCd trained dentists



Frequently Asked Questions

1. **Can I limit the numbers of Medicaid patients I see in my office?** *Yes, simply make a business decision as to how many Medicaid clients your office can handle. Many offices do this.*
2. **Can I accept or reject them on a case by case basis?** *Yes, as long as you do not discriminate. When you sign-up as a Medicaid provider you agree not to discriminate on the grounds of race, creed, religion, color, sex, national origin, marital status, age or disability.*
3. **Will I be listed anywhere as a Medicaid provider?** Yes, *the department does maintain a list of participating providers on the Web Portal, Montana Access to Health. An updated list of dental providers who are currently accepting Medicaid patients is also on the Departments web site, www.mtmedicaid.org and updated quarterly.*

TOP 3 Frustrations

1. No Show/Broken appointments

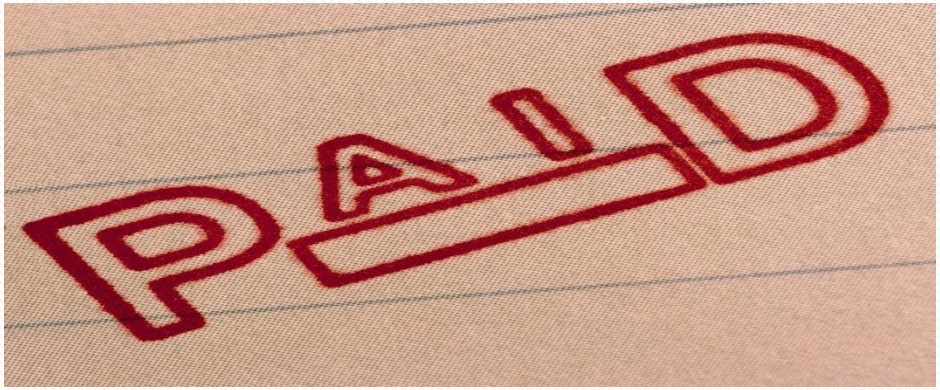
- Each office is encouraged to have a general office procedure for reminders.
- All patients need to be treated the same in terms of reminders and no shows. ***Cannot bill patient***.
- There are a variety of 'best practices', find what works for your office.
- Consistency is important.
- No show, no procedure performed, nothing to claim. ***Cannot bill patient***.

2. Minimize Administrative Hassles

- Use the ADA form dated 2006 or higher. (2012 coming)
- Attach special forms, such as Essential for Employment, Emergency Dental form or EOB for other insurance. Staple any form on top of the claim.
- Document disability or the reason for exceeding limits in box 35.
- Include PA# in box #2, do not attach the approval notice.
- Consider filing electronically.
- Follow-up RA/eSOR sooner than later.

3. Reimbursement too low?

- File claims with your Usual and Customary fee.
- Get paid for what you do, verify eligibility, check fee schedule, be aware of allowable procedures, limits, etc.
- If prior authorization is required make sure you go through the process and put the # in box 2.



Other barriers identified

- Limited availability of dental providers;
- Lack of clear information for beneficiaries explaining their dental benefits;
- Transportation;
- Cultural and language competency;
- Need for consumer education about the benefits of dental care.

Verifying Client Eligibility

- Fax Back: 800-714-0075

- Automated Voice Response: 800-714-0060

- Web Portal: https://mtaccesstohealth.acs-shc.com/mt/secure/home.do
- ACS Provider Relations: 800-624-3958

Web sites:

mt.gov
Montana's Official State Website

Department Website

- www.mtmedicaid.org
- **Resources by Provider Type** (manuals, fee schedules, notices, etc).
- Provider Information Page.
- Claim Jumper newsletter.
- Link to log onto to MT Access to Health Web Portal.
- Link to update provider file.
- Client information, how to locate a healthcare provider.

Montana Access to Health (aka Web Portal)

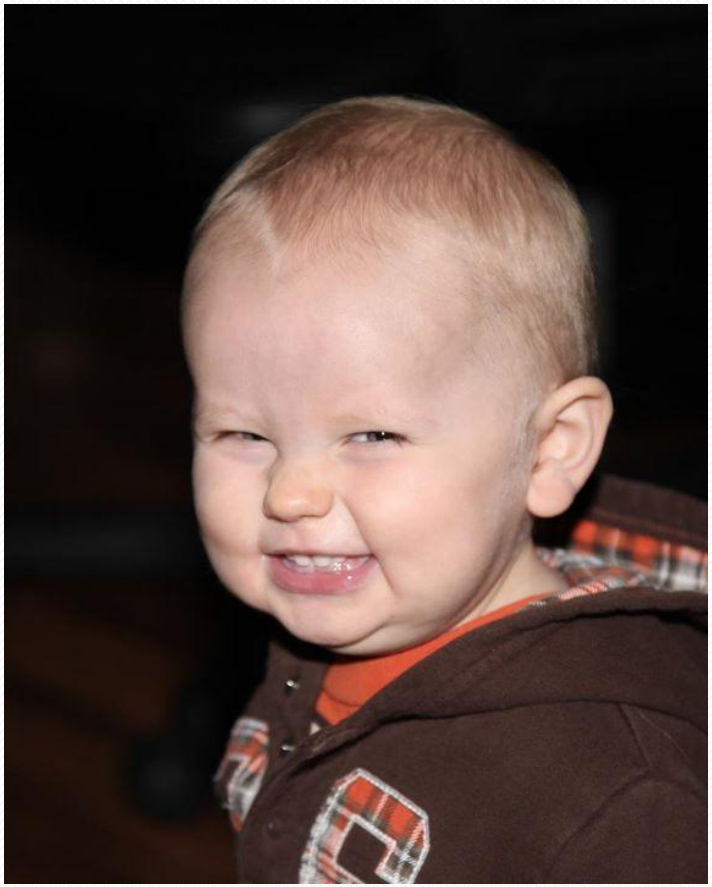
- https://mtaccesstohealth.acs-shc.com/mt/secure/home.do
- Check eligibility.
- Claim Status.
- Payment summary.
- e! SOR.

Montana Dental Rate Setting Process

- The Department reimburses dental and denturist services on a fee for service basis. Reimbursement rates are established by multiplying a nationally recognized unit value for each procedure by the Department's conversion factor.
- *Relative Values for Dentists* (RVD) is an accurate and comprehensive relative value system. The relative values for each procedure are determined by dental practitioner input.
- 6 Criteria are used to rate each procedure.

The six criteria used to rate a procedures value

- 1. Time
- 2. Skill
- 3. Risk to the patient
- 4. Risk to the dentist (medico-legal)
- 5. Severity of the problems (i.e., emergent, acute, chronic, prophylactic)
- 6. Unique supplies not separately billable



Dept. Calculation of Rate

1. Determine utilization of each procedure from previous year.
2. Multiply each procedure code's utilization by its unit value based on the Relative Values for Dentists.
3. Obtain the upcoming year's budget amount.
4. Total budgeted $ amount is divided by previous year's utilization of all procedures.
5. The result determines the MT Medicaid Dental conversion factor (CF) = $31.27 for SFY13.
6. The rate for each procedure is determined by multiplying the unit value by the conversion factor.
7. Examples:
   (a) D1110 has a unit value of 1.50 multiplied by the CF = $46.91.
   (b) D2140 has an assigned unit value of 2.0 times CF = $62.54.

Who is eligible for Dental Services

- Patients on FULL Medicaid
  - Aged, Blind, Disabled, 20 yrs and under and Pregnant woman.
- Patients on BASIC Medicaid

IF:

- They are approved under

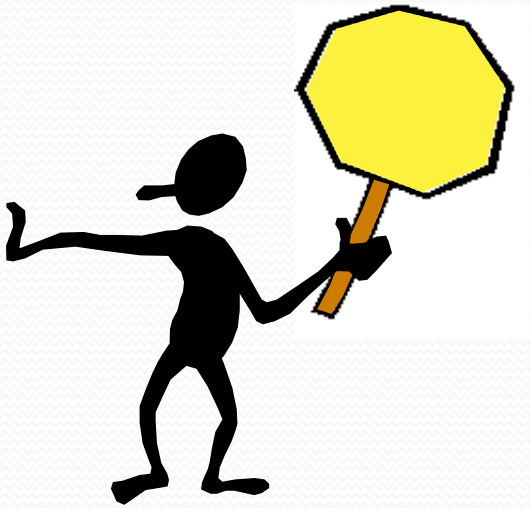
Essential for Employment

or

Emergency Services.

What needs Special Processing

- Prior Authorizing (PA)
  - All Orthodontia
  - Crowns: NO PA effec 8-1-12
  - Veneers



- Check limits
  - Diagnostics
  - Radiographs
  - Prophy's and Fluoride
  - Crowns
  - Periodontics
  - Dentures, full/partial

Orthodontia Rules & Fees

1) Full band orthodontia for recipients 21 and younger who have malocclusion caused by traumatic injury or needed as part of treatment for a medical condition with orthodontic implications are covered in the department's Dental and Denturist Program Provider Manual.

2) Interceptive orthodontia is limited to children 12 years of age or younger with one or more of the following conditions:

   (a) posterior crossbite with shift;

   (b) anterior crossbite.

3) **All full band orthodontia** for cleft lip/palate, congenital anomalies, cases related to malocclusion caused by traumatic injury and cases related to **interceptive orthodontia** must receive **prior authorization** from the department's designated peer reviewer to determine individual eligibility for such orthodontia services.

D8050	Intercept Primary	$1,031.91
D8060	Intercept Transitn	$1,156.99
D8070	Compre Transition	$2,845.57
D8080	Compre Adoles	$2,845.57
D8090	Compre Adult	$2,970.65
D8670	Periodic Visit **(27 days apart)**	$84.43
D8680	Retention	$262.68

Crowns for Adults

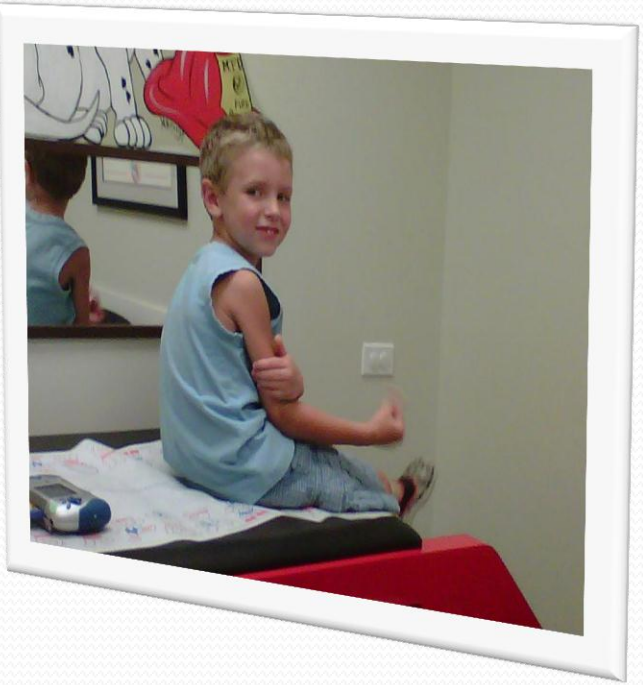
- D2751
- With prior authorization (PA)
- 2 per calendar year per person
- Second Molars:

  #2-15-18-31= D2791
- Effective 8-1-12, NO PA needed

Early and Periodic Screening, Diagnosis and Treatment - EPSDT

When a Medicaid-eligible child (20 and under) requires medically necessary services, those services **may be** covered under Medicaid even if they are not typically covered services or if periodic limits need to be waived.

Documentation of Medical necessity is VITAL.



Medical Necessity:
Medicaid does not cover cosmetic dental services.

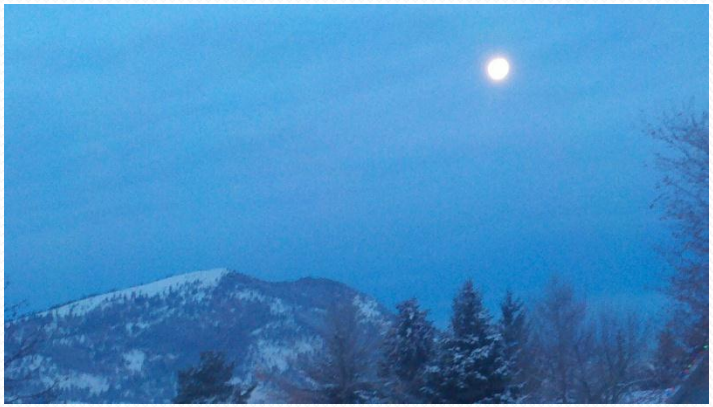
NEW 8-1-2011

Veneer's require prior authorization (PA)

D2960
D2961
D2962

BE IN THE KNOW!

- PA means prior authorization NOT periapical.
- What are the first two questions JAN will ask you when you call?
  1. Client ID (SS or Medicaid)
  2. Date of service.



- Resources by Provider Type: www.mtmedicaid.org
- Multiple units.
- Pay to dentist and Rendering dentist.

What's New 2013

- Smoking and Tobacco Cessation Counselor Services
  - D1320 - $34.40 (continues)
- Clarification on Private Pay agreements, each time and before the procedure is completed (see slide)
- Maintenance of Records ARM 37.85.414
- Patients with Basic Medicaid, Plan of benefits on the Medical side
- NO prior authorization needed for crowns, same rules
- D1203 and D1204 have been deleted, D1208 has been added for topical fluoride for ALL.
- D4271 has been replaced with D4277 and D4278

Private Pay Agreement

The agreement to pay privately must be in writing and based upon definite and specific information given by the provider to the member prior to the services being delivered/performed indicating that the service will not be paid by Medicaid. This gives them the option to deny the service. The private pay agreement must be in writing per occasion. This does not include routine and general contracts signed by the member at the time of acceptance into the office. Providers can not pick and choose which codes to have members privately pay. If it is a covered service by Medicaid they must accept the fee in full. If it is not on the fee schedule it can be pre-agreed for private pay.

ARM 37.85.406 (11)(1)

Revised ADA Claim Form 2012

- The ADA Dental Claim Form has been revised to incorporate key changes to the HIPAA standard electronic dental claim transaction. Some of the changes include the reporting of diagnosis codes and diagnosis code pointers, place of service codes, and other medical and dental coverage. It also includes a column for units of service.
- Begin using the form now, with a mandatory begin date of January 2014.

NEW Claim System coming 2015

- Montana Health Care Programs will be supported by Health Enterprise Claim Payment system. This new claim payment system will be able to accept claims electronically; on-line or transmitted through your software.
- Provider enrollment and payment will also be updated providing for a “Provider Inbox” to receive your important documents.
- Letter generation to members, eligibility check, claim status, etc will all be made more efficient.

CMS Oral Health Strategy

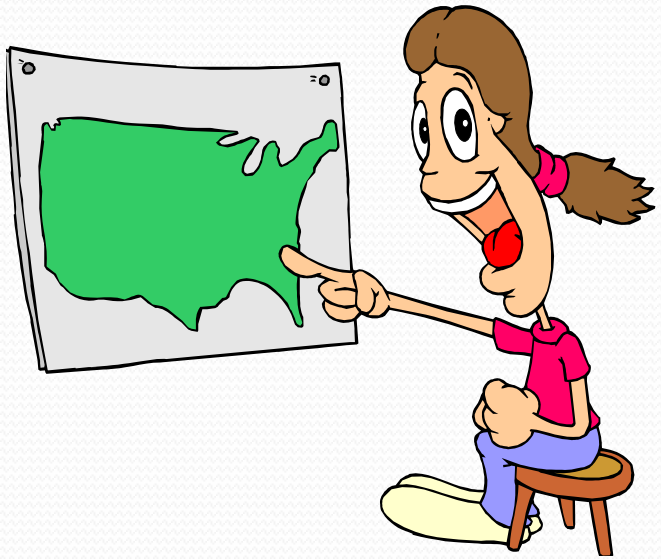
1. Work with States to develop Pediatric Oral Health Action Plan.
2. Strengthen technical assistance to States and facilitate State/Tribal peer-to-peer learning.
3. Outreach to providers.
4. Outreach to Beneficiaries.
5. Partner with other agencies in DPHHS.

CHIPRA LEGISLATION

- List of dental providers who are currently accepting Medicaid for under age 21 will be posted.
- Updated quarterly, expect an e-mail!
- www.insurekidsnow.gov
- CMS/HRSA/IKN completes annual survey to verify data.

Montana Statistics SFY12

1. 414 Enrolled Dentists, Denturist and Hygienists.
2. Dental related expenditures SFY12: $23 million+
3. Personal Transportation SFY12: 2.7 million+

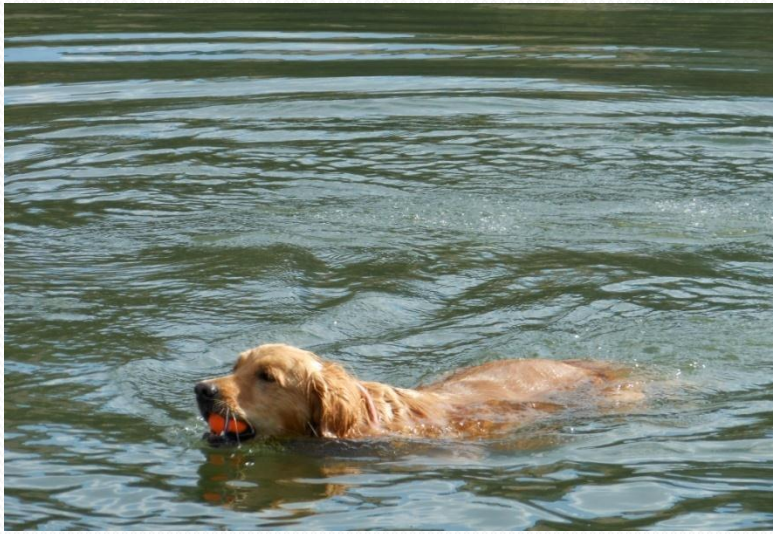


How do we Communicate with your office

- Notices from MMIS
- www.mtmedicaid.org
  - Provider Notices
  - Fee Schedules
  - Provider Manuals
  - Remittance Advice
  - Claim Jumper
  - Web Portal https://mtaccesstohealth.acs-shc.com/mt/secure/home.do

AGAIN-Proceed with caution Refer to the Provider Manual

- There may be limits, per procedure, per tooth, per quadrant, anterior/posterior, or prior authorization requirements.
- See the fee schedule and provider manual on-line for current reimbursement rates.
- Additional resources can be found at: www.mtmedicaid.org click on 'resources by provider type'.
- ACS Provider Relations: 1-800-624-3958



Thank you for your time!

- I am a resource as well, feel free to contact me with any further questions or unique issues to discuss,
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